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J. Douglas  
12/8/03

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Vinay Agarwala, Clement Tse

U.S. Serial No: 09/495,540

Group Art Unit: 2614

Filed: 01 February 2000

Examiner: David E. Harvey

Title: "REAL TIME PROGRAMMABLE CHROMA  
KEYING WITH SHADOW GENERATION"

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Assistant Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

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## Election Of Claims

Dear Sir:

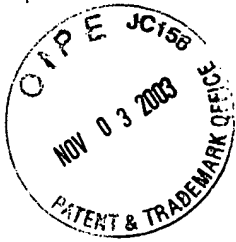
In response to receipt of a Claims Restriction Requirement, mailed 02 October 2003, for the patent application identified above, the Applicants herewith cancel claims 1-6, 10-19, 23-30 and 33-36 and elect to prosecute claim 7-9, 20-22 and 31-32, which correspond to Figures 4A and 4B.

Respectfully Submitted,

John Schipper

Date: 03 November 2003

Patent representative for Applicants



Attorney Docket No: 5448-009

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"Express Mail" mailing number: EL 978612376 US  
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Attorney Docket No.: 5448-009  
U.S. Serial No.: 09/495,540

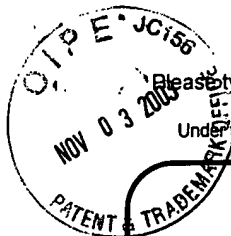
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Signature

November 3, 2003  
Date

1. Postcard for Return Receipt
2. Express Mail Certificate (1 p)
3. Transmittal Form (1 p)
4. Election of Claims - Response to Restriction Requirement (1 p)



10-05-03

2614

PTO/SB/21 (08-00)

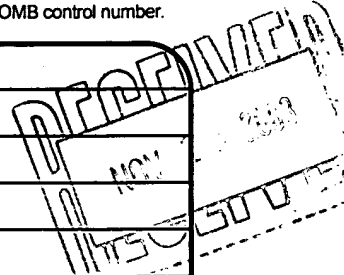
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/495,540	
	<b>Filing Date</b>	February 1, 2000	
	<b>First Named Inventor</b>	Vinay Agarwala	
	<b>Group Art Unit</b>	2614	
	<b>Examiner Name</b>	David E. Harvey	
<b>Total Number of Pages in This Submission</b>	3 pp	<b>Attorney Docket Number</b>	5448-009



ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"><li>- Return Receipt Postcard</li><li>- Express Mail Certificate</li></ul>
<b>Remarks</b>		<b>The Commissioner is authorized to charge any additional fees to Deposit Account 50-1467.</b>

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
<b>Firm and Individual name</b>	Law Office of John Schipper John F. Schipper, Reg. No. 26,994
<b>Signature</b>	<i>John F. Schipper</i>
<b>Date</b>	November 3, 2003

CERTIFICATE OF MAILING			
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